

Survey, Certification and Credentialing
Commission
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Timothy Keck, Interim Secretary
Codi Thurness, Commissioner

Sam Brownback, Governor

PROVIDER NUMBER 175353

November 7, 2016

Jenifer Morey, Administrator
Arma Operator, LLC
605 E Melvin Street Po Box 789
Arma, KS 66712-0789

Dear Mr. Morey,

On October 28, 2016, an Abbreviated survey was concluded at your facility by the Kansas Department for Aging & Disability Services (KDADS) to determine if your facility is in compliance with Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid program. The survey found the most serious deficiencies in your facility to be deficiencies level deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy.

All references to regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

You have submitted a plan of correction in which you have alleged that the deficiencies cited on the above referenced survey have been corrected. Based upon Centers for Medicare and Medicaid (CMS) policy which allows state agency discretion in conducting revisits related to the level of deficiencies cited, KDADS has accepted your allegation of compliance. Therefore, your facility is found to be in substantial compliance based upon your credible allegation of compliance and the submitted plan of correction, effective November 10, 2016. **You must implement each corrective action described in your plan and be in substantial compliance with all regulatory requirements by the referenced date.**

F314

Due to your facility's current noncompliance with F314, Pressure Ulcers, we would like to emphasize the importance of the implementation of corrective actions that ensure that avoidable pressure ulcers will not occur at your facility and that residents will receive appropriate care and services to prevent the increase in complexity of existing pressure ulcers. The pain, infection rates, and increased morbidity and mortality associated with pressure ulcers underscore the need for your facility to improve its systems for identifying residents at risk and for implementing preventive services. We ask that you carefully monitor your facility's compliance with Federal requirements related to the prevention of pressure ulcer development. We suggest that you consider contacting the Quality Improvement Organization (QIO) in your state for information and training opportunities on pressure ulcer care and prevention. If noncompliance continues in this area, additional remedies will be considered.

Based upon this decision you will not receive an onsite revisit related to this particular survey. Should the agency receive complaints, allegations of noncompliance, or other information related to the facility's compliance, onsite surveys may be conducted and appropriate remedies imposed.

If you have any questions concerning the information in this letter, please contact me at (785) 296-1265.

A handwritten signature in black ink that reads "Caryl Gill". The signature is written in a cursive, flowing style.

Caryl Gill, RN, BSN
Complaint Coordinator
Survey, Certification and Credentialing
Kansas Department for Aging & Disability Services
c: Janice VanGotten, RN, Regional Manager

enc: CMS 2567B